B22A (Official Form 22A) (Chapter 7) (12/08)

09-28151

1		<b>V</b> ·
In re	Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case N	Unber: Clf known	☐ The presumption arises. ☑ The presumption does not arise. ☐ The presumption is temporarily inapplicable.
ECEIVE	CHAPTER 7 STATEMENT AND MEANS	OF CURRENT MONTHLY INCOME -TEST CALCULATION
jointly.	ion to schedules I and J, this statement must be co	mpleted by every individual chapter 7 debtor, whether or not filing ors may complete a single statement. If the exclusion in Line 1C t.
	Part I. MILITARY AN	ND NON-CONSUMER DEBTORS
	<b>Disabled Veterans.</b> If you are a disabled veteran obeginning of the Declaration, (2) check the box fo complete the verification in Part VIII. Do not com	described in the Declaration in this Part IA, (1) check the box at the r "The presumption does not arise" at the top of this statement, and (3) plete any of the remaining parts of this statement.
1 <b>A</b>	veteran (as defined in 38 U.S.C. § 3741(1)) whose	ng this box, I declare under penalty of perjury that I am a disabled indebtedness occurred primarily during a period in which I was on or while I was performing a homeland defense activity (as defined in 32
1B	Non-consumer Debtors. If your debts are not priverification in Part VIII. Do not complete any of t	marily consumer debts, check the box below and complete the he remaining parts of this statement.
	Declaration of non-consumer debts. By chec	king this box, I declare that my debts are not primarily consumer debts.
	of the Armed Forces and members of the National § 101(d)(1)) after September 11, 2001, for a period (as defined in 32 U.S.C. § 901(1)) for a period of time of active duty or homeland defense activity at this temporary exclusion, (1) check the appropriat Reservists and National Guard Members below, (top of this statement, and (3) complete the verificate complete the balance of this form, but you myour exclusion period ends, unless the time for case before your exclusion period ends.	Guard who were called to active duty (as defined in 10 U.S.C. d of at least 90 days, or who have performed homeland defense activity at least 90 days, are excluded from all forms of means testing during the and for 540 days thereafter (the "exclusion period"). If you qualify for e boxes and complete any required information in the Declaration of (2) check the box for "The presumption is temporarily inapplicable" at the ation in Part VIII. During your exclusion period you are not required that the filing a motion raising the means test presumption expires in your
1C	Declaration of Reservists and National Gua below, I declare that I am eligible for a temporary component of the Armed Forces or the National C	rd Members. By checking this box and making the appropriate entries exclusion from means testing because, as a member of a reserve Guard
	☐ I remain on active ☐ I was released from this bankruptcy case was filed;	after September 11, 2001, for a period of at least 90 days and duty /or/ n active duty on, which is less than 540 days before
	I performed homeland de	d defense activity for a period of at least 90 days /or/ fense activity for a period of at least 90 days, terminating on less than 540 days before this bankruptcy case was filed.

	Pa	ort II. CALCULATION OF MONTHLY	/ INCOME FOR § 707(b)(7)	EXCLUSIO	N			
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
2	b. ne	ox, debtor declar tey law or my sp of the Bankrupt	ouse and I					
	C	Married, not filing jointly, without the declaration olumn A ("Debtor's Income") and Column B (S	Spouse's Income) for Lines 3-11.					
		Married, filing jointly. Complete both Column A ines 3-11.	B ("Spouse's I	ncome") for				
	the six	gures must reflect average monthly income receive c calendar months prior to filing the bankruptcy can before the filing. If the amount of monthly incom- livide the six-month total by six, and enter the resu	Column A Debtor's Income	Column B Spouse's Income				
3	Gross	wages, salary, tips, bonuses, overtime, commiss	sions.	\$3200	\$			
4	and en busine Do no	ne from the operation of a business, profession of the the difference in the appropriate column(s) of less, profession or farm, enter aggregate numbers and the enter a number less than zero. Do not include and on Line b as a deduction in Part V.	Line 4. If you operate more than one and provide details on an attachment.	1				
12 / <b>5</b>	a.	Gross receipts	\$ 0		,			
4.22	b.	Ordinary and necessary business expenses	\$ 0					
	c.	Business income	Subtract Line b from Line a	\$ 0	\$			
	in the	and other real property income. Subtract Line be appropriate column(s) of Line 5. Do not enter a n art of the operating expenses entered on Line b		Ē				
5	a.	Gross receipts	\$ 0					
	b.	Ordinary and necessary operating expenses	\$ 0					
	c.	Rent and other real property income	Subtract Line b from Line a	s O	\$			
6	Intere	est, dividends and royalties.		s <del>O</del>	\$			
7	Pensi	on and retirement income.		s &	\$			
8	expen	amounts paid by another person or entity, on a uses of the debtor or the debtor's dependents, in use. Do not include alimony or separate maintenant spouse if Column B is completed.	s <del>- O</del>	\$				
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	Uner be a	mployment compensation claimed to benefit under the Social Security Act Debtor \$ _	Spouse \$	s-0	\$			

10	Income from all other sources. Specify source and amount. If a sources on a separate page. Total and enter on Line 9. Do not incomaintenance payments paid by your spouse if Column B is contour payments of alimony or separate maintenance. Do not in under the Social Security Act or payments received as a victim of humanity, or as a victim of international or domestic terrorism.	rate all ceived					
	a	\$					
	b.	\$		_			
	Total and enter on Line 10			\$-0	\$		
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lin and, if Column B is completed, add Lines 3 through 10 in Column	es 3 thru 10 in Colum in B. Enter the total(s)	n A,	\$ 3202	<b>s</b> s		
12	Total Current Monthly Income for § 707(b)(7). If Column B h Line 11, Column A to Line 11, Column B, and enter the total. If completed, enter the amount from Line 11, Column A.	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column B, and enter the total. If Column B has not been					
	Part III. APPLICATION OF § 70	07(b)(7) EXCLUS	ION		A STATE OF THE STA		
13	Annualized Current Monthly Income for § 707(b)(7). Multip 12 and enter the result.	ly the amount from Li	ne 12 by	the number	\$ 38,4	100	
14	Applicable median family income. Enter the median family incosize. (This information is available by family size at <a href="https://www.usdoj.bankruptcy.court.">www.usdoj.bankruptcy.court.</a> ) a. Enter debtor's state of residence: At b. Enter	ome for the applicable gov/ust/ or from the c	lerk of 1	he	d \$62,0	lalo	
	Application of Section 707(b)(7). Check the applicable box and	proceed as directed.					
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
					tatement.		

16	Enter t	he amount from Line 12.			\$	
17	Line 11 debtor' paymen depend	l adjustment. If you checked the box at Line 2.c, e, Column B that was NOT paid on a regular basis for dependents. Specify in the lines below the basis for the spouse's tax liability or the spouse's supporents) and the amount of income devoted to each purate page. If you did not check box at Line 2.c, enter	or the household expenses of or excluding the Column B in rt of persons other than the depose. If necessary, list addition	the debtor or the come (such as ebtor or the debtor's		
	a.		\$			
	b.		\$			
	c.		\$		:	
	Total and enter on Line 17.					
18	Curre	at monthly income for § 707(b)(2). Subtract Line	17 from Line 16 and enter the	e result.	\$	
		Part V. CALCULATION OF DE	DUCTIONS FROM I	NCOME		
		Subpart A: Deductions under Standards	of the Internal Revent	ie Service (IRS)		
19A	Nationa	I Standards: food, clothing and other items. Enter Standards for Food, Clothing and Other Items for the lat www.usdoj.gov/ust/ or from the clerk of the later	the applicable household size	ount from IRS . (This information	\$	

		m 22A) (Chapter 7) (12/08)						
9 <b>B</b>	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.							
	Hous	ehold members under 65 years	s of age	Hous	sehold meml	pers 65 years of age	e or older	
	al.	Allowance per member		a2.	Allowance	per member		
	bl.	Number of members		b2.	Number of	members		
	c1.	Subtotal		c2.	Subtotal			\$
A	Utilitie	Standards: housing and utilities standards; non-mortgage expetable at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or fit	nses for the app	licable	county and	household size. (Th	RS Housing and its information	\$
	IRS Ho inform total of	Standards: housing and utilities ousing and Utilities Standards; mation is available at						

two	al Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for by you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more the vehicles.)	r an		
Ente (ava	1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>			
a.	IRS Transportation Standards, Ownership Costs \$			
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 \$			
c.	Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.	\$		
Ente (ava Ave	al Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you cked the "2 or more" Box in Line 23.  er, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportatio illable at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the rage Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from a and enter the result in Line 24. Do not enter an amount less than zero.	n		
a.	IRS Transportation Standards, Ownership Costs \$	7		
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 \$			
C.	Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.	$\lceil \rceil \rceil_{\mathbb{S}}$		
Oth	eral, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment es, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Her Necessary Expenses: involuntary deductions for employment. Enter the total average monthly roll deductions that are required for your employment, such as retirement contributions, union dues, an form costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			
tern	ner Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay in life insurance for yourself. Do not include premiums for insurance on your dependents, for whole or for any other form of insurance.	for le \$		
Oth	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
requ	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for			
requestion pays of the control of th	ner Necessary Expenses: education for employment or for a physically or mentally challenged chier the total average monthly amount that you actually expend for education that is a condition of			
requestion pays of the chil	ner Necessary Expenses: education for employment or for a physically or mentally challenged chier the total average monthly amount that you actually expend for education that is a condition of ployment and for education that is required for a physically or mentally challenged dependent child for	\$		
Oth Chil pay	ner Necessary Expenses: education for employment or for a physically or mentally challenged chier the total average monthly amount that you actually expend for education that is a condition of ployment and for education that is required for a physically or mentally challenged dependent child for mono public education providing similar services is available.  The Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend dcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational	\$ on \$ and		
requested pays of the chill pays of the child pa	ner Necessary Expenses: education for employment or for a physically or mentally challenged chief the total average monthly amount that you actually expend for education that is a condition of ployment and for education that is required for a physically or mentally challenged dependent child for om no public education providing similar services is available.  The Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend deare—such as baby-sitting, day care, nursery and preschool. Do not include other educational forments.  The Necessary Expenses: health care. Enter the total average monthly amount that you actually expended the care that is required for the health and welfare of yourself or your dependents, that is not include by insurance or paid by a health savings account, and that is in excess of the amount entered in	\$ on \$ and an \$ cou		

			Subpart C: Deductions for	Debt Payme	nt		
	you ov Payme total o filing	wn, list the name of the ent, and check whethe of all amounts schedul of the bankruptcy cas	red claims. For each of your debts that he creditor, identify the property secure the payment includes taxes or insuruled as contractually due to each Secure, divided by 60. If necessary, list adoptify Payments on Line 42.	ring the debt, state ance. The Avera ed Creditor in the	e the Average Monthl ge Monthly Payment e 60 months following	ly is the	
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.			\$	☐ yes ☐ no		
	b.			\$	□ yes □ no	7	
	c.			\$	□ yes □ no	7	
28				Total: Add Lines a, b and	I c.		\$
	in addi amoun	ition to the payments at would include any s	duction 1/60th of any amount (the "cu listed in Line 42, in order to maintain sums in default that must be paid in or unts in the following chart. If necessary	possession of the rder to avoid repo ary, list additiona	e property. The cure ossession or foreclosur	re.	
		Creditor	Troporty Securing the Beet	1700111 01	ine cure Amount		
	a.			\$			
	b.			\$			
	c.			\$			
				Total: Add	Lines a, b and c	İ	\$
44	as prio	rity tax, child support	priority claims. Enter the total amoun t and alimony claims, for which you we rent obligations, such as those set ou	vere liable at the	of all priority claims, time of your bankrupt	tcy	\$
	Chapt follow expens	ing chart, multiply the	e expenses. If you are eligible to file a e amount in line a by the amount in line	case under chapt ne b, and enter the	ter 13, complete the e resulting administra	tive	
	a.	Projected average m	nonthly chapter 13 plan payment.		\$		
45	b.	by the Executive Of	or your district as determined under so ffice for United States Trustees. (This sdoj.gov/ust/ or from the clerk of the beautiful to five the state of the beautiful to five the state of th	s information is	x		
	c.	Average monthly ac	Iministrative expense of chapter 13 ca	ise	Total: Multiply Line a and b		\$
46	Total I	Deductions for Debt	Payment. Enter the total of Lines 42	through 45.		1	\$
17.54 T			Subpart D: Total Deduction	s from Incom	le :		
47		.e all dad4!	wed under § 707(b)(2). Enter the tot	-1 -£1 : 22 .41		Π.	\$

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$				
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$				
	Initial presumption determination. Check the applicable box and proceed as directed.					
	The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the to of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.	op of page 1				
52	The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do the remainder of Part VI.					
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part through 55).	VI (Lines 53				
53	Enter the amount of your total non-priority unsecured debt	\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$				
55	the top of page 1 of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The prearises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also covil.  Part VII: ADDITIONAL EXPENSE CLAIMS	esumption omplete Part				
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required and welfare of you and your family and that you contend should be an additional deduction from your current income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should average monthly expense for each item. Total the expenses.	t monthly				
56	Expense Description Monthly Amount					
	a.	_				
	c. \$					
	Total: Add Lines a, b and c \$					
72	Part VIII: VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is both debtors must sign.)	s a joint case,				
57	Date: 11 2 169 Signature: Debior	um				
	Date: Signature: (Joint Debtor, if any)					